LHSAA Eligibility Forms

To be filled out by student-athletes and parents at Riverside Academy

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1. **Riverside Insurance Form**
   a. This form states that all athletes at Riverside must be adequately insured. Please sign and date to confirm that you have adequate coverage.
2. **LHSAA Athletic Participation/Parental Permission Form (2 pages)**
   a. Part 1: Please fill out all highlighted areas
   b. Part 2 (2nd page): Please fill out highlighted areas to give your child permission to participate in athletics.
3. **LHSAA Substance Abuse/Misuse Contract and Consent Form**
   a. Signatures and dates from both the student athlete and parent.
4. **Eligibility of Students Attending Schools Outside their Athletic Attendance Zone**
   a. Only complete this form if you DO NOT live on the east bank of St. John Parish (East St. John HS attendance zone)
   b. This form documents your knowledge that by participating in athletics at Riverside Academy, you are establishing eligibility at Riverside and any change of school, including returning to your home attendance zone will result in one calendar year of ineligibility, unless a bona-fide change of residence is made.
5. **LHSAA Checklist for 7th and 8th Grade Students**
   a. Only fill out this form if you are the parent of a student athlete that will be in 7th or 8th grade in the upcoming school year.
   b. Your signature on this form certifies that you understand that by participating in a sport as a 7th or 8th grader, you are making Riverside Academy your school of residence upon entering 9th grade.
6. **LHSAA Medical History Evaluation**
   a. Please fill out the highlighted sections of the form.
   b. Part II of the form is to be filled out by the doctor at the time of the physical.

Each of these forms must be current and on file with Riverside Academy in order for your child to participate in high school athletics.

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed ***by the student-athlete's parent*** *prior to a student's participation in an athletic contest and shall be kept on file with the school.* **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** *This form is subject to* ***review****/inspection by the LHSAA* ***or its representative.***

PART I: STUDENT INFORMATION *(Please Print)*

Student's Name: (Last, First, Middle)_____School Year: _____

Date of Birth:_____Last Four Digits of SSN: _____

Home Address: _____

City:_____Zip: _____

My child entered ninth grade in_____(month and year). Last semester/year he/she attended _____ _____High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

RULE	COMMENTS
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8th grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
ENROLLMENT	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester a student shall **pass at least six subjects** in all subjects taken. At the end of the year and prior to the next school year, a student shall must have **earned at least six units with an overall "C" average for the entire previous school year** as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester. Special education students must consult the school principal, athletic director, or coach for scholastic information.
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
UNDUE INFLUENCE	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	In certain sports a student cannot play on a school team and an independent team during the same sport season.

MEDICAL EXAMINATION A student shall **annually** pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM A school shall **only** be required to have this form completed and signed prior to **the first time a student participates** in LHSAA athletics at the school **unless the student transfers to another member school**.

SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

SUSPENDED AND INELIGIBLE STUDENTS Shall not participate in any interscholastic contest on any team at any school at any level.

LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBLITY RULES

PART II – PARENTAL PERMISSION

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed **on this form** is my sole bona fide residence and **that I** will notify the school principal immediately of any change in **my** residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms **however submitted by the school or myself**.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for **my child** to participate in ***any*** of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.

Date:_____ **Parent's Signature:** _____

Relationship to Student _____ **(Print Name)** _____

(Principal Signature) Holly D. Haase

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my *School Drug Policy for Student Athletes.*

I, _____, parent/guardian of the undersigned student-athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her *School Drug Policy for Student-Athletes* and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the *School Drug Policy for Student-Athletes* for his/her school.

Dated: _____ _____

Student-Athlete

Dated: _____ _____

Parent/Guardian

Notes: **Rule 1.9 of the LHSAA By-Laws, states that this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.**

According to Rule 1.9.1 of the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until compliance with Rule 1.9.1 is obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to Rule 1.9.1.

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.

ELIGIBILITY OF STUDENTS ATTENDING SCHOOLS OUTSIDE THEIR ATHLETIC ATTENDANCE ZONE

Student's Name:		**ATTENDANCE ZONE Student Resides In:**	
Date of Birth:		**Last Four of SSN:**		**Grade Level:**	
Name of School Attending:	Riverside Academy	**School's Attendance Zone:**	East St. John HS

This form should be completed, signed by the student's parents and kept in the eligibility folders for any of the following students. By LHSAA rules, by their attendance or their registration and submission online for 7th or 8th, these students have established their eligibility at your school and it is considered their school of first choice. Should one of these students decide to transfer from your school to a school located in the attendance zone in which he/she lives, the student would be ineligible for athletic participation until he/she has attended that school for one calendar year and would only be eligible in another attendance zone if a corresponding bona a fide change of residence is made into that attendance zone.

a. Any current 9th, 10th, 11th or 12th grade student who attends your school and does not reside in the attendance zone of your school.

b. Any 7th and/or 8th grade student who is registered and submitted to play on any of your high school teams.

1. Has this student's parents been informed (read and explained) that the student is only eligible at your school and will not be eligible should the student transfer back to the athletic attendance zone he/she resides until the student has attended that school for one calendar year?	(Yes)	No
2. Has this student's parents been informed that the student would only be immediately eligible in another athletic attendance zone if a bona-fide change of residence is made?	(Yes)	No

CONTRACT REGARDING STUDENT'S ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the student named above that the student has established his/her eligibility school of choice at this school and would be ineligible if he/she transfers to any school located in the attendance zone he/she resides until he/she had attended at the school for one calendar. Additionally, they have been told that the student would be eligible in another attendance zone **only** if the student's parent(s) made a corresponding bona-fide change of residence into that attendance zone.

SIGNED: Holly D. Haase **DATE:** _____

PRINCIPAL

I, _____, parent(s) or guardian of the above-named student, understand that he/she is only eligible at the school he/she is currently attending and that he/she would be ineligible for one calendar year should he/she transfer to any school located outside of his/her attendance zone in which we reside. I have also been informed that he/she would be eligible at another school in another attendance zone **only** if a corresponding bona-fide change of residence is made into that attendance zone.

SIGNED: _____ **DATE:** _____

PARENT/GUARDIAN

CHECKLIST FOR 7TH AND 8TH GRADE STUDENTS PARTICIPATING IN LHSAA-SANCTIONED ATHLETICS

Form only for schools with grade configurations under one principal and contain 7th and 8th graders

School Name: Riverside Academy **School's Attendance Zone:** East St. John HS

Student's Name: **Date of Birth:** **Last Four of SSN:** **Grade Level**

1. Is the above-named student, meet the following LHSAA Rules: a. Bona fide student at your school? (Rule 1.3)	Yes	No
b. Residence rule? (Rule 1.5)	Yes	No
c. Scholastic rule? (Rule 1.10)	Yes	No
d. All other LHSAA eligibility rules and regulations? (Age, Semesters, Hold Back, Eligibility Forms)	Yes	No
2. Has this student's parents been informed (read and explained) that once the student is registered and submitted on the LHSAA Members' Only website that your school shall become the student's school of eligibility in the 9th grade and any subsequent transfers to any other LHSAA member school without a corresponding bona-fide change of residence to another attendance zone shall cause this student to become ineligible for one calendar year from the date the student begins attending that school?	Yes	No
3. Has this student's parents been informed that registration and submission on the LHSAA Members' Only website **and** participation shall constitutes a commitment to the school in the 9th grade?	Yes	No
4. Has this student's parents been informed that once the student is registered and submitted on the LHSAA Members' Only website **and** the student participate in practice **or** an athletic contest, the student's allowed consecutive semesters of eligibility to participate in high school athletics ensues, i.e., a 7th grade student shall be eligible for 12 consecutive semesters and an 8th grade student shall be eligible for 10 consecutive semesters?	Yes	No
5. Has this student been registered and submitted on the LHSAA Members' Only website **and** has the student participated in practice or an athletic contest at your school?	Yes	No
6. Do you have a complete student folder on the above-named student that includes a birth certificate, transcript/report card and a properly completed and signed medical history and medical examination form, athletic participation and parental permission form, substance abuse/misuse contract and a signed copy of this contract?	Yes	No

CONTRACT REGARDING STUDENT'S ELIGIBILITY

I, principal of the above-named school, have informed the parent(s) of the student named above that once the student has been registered and submitted on the LHSAA Members' Only website **and** participates in practice or any athletic contest, my school shall become his/her school of eligibility in the 9th grade and any subsequent transfer to any other LHSAA member school without a corresponding bona-fide change of residence into another school attendance zone shall render him/her ineligible at that school for one calendar year from the date the student begins attending that school.

SIGNED: Holly D. Haase **DATE:**

PRINCIPAL

I, _____, parent(s) or guardian of the above-named student, understand that by allowing him/her to be registered and submitted on the LHSAA Members' Only website **and** to participate in practice or any athletic contest as a student-athlete for the above-named school establishes his/her school of choice and athletic eligibility at this school in the 9th grade and that any subsequent transfer to another LHSAA member school without a corresponding bona-fide change of residence to another civil parish shall render him/her ineligible at that school under he/she has attended the school for one calendar year.

SIGNED: _____ **DATE:** _____

PARENT/GUARDIAN

NOTES:

1. **Schools shall keep an executed copy of this form in the student-athlete's eligibility folder.**
2. **Schools shall provide the parent(s)/guardian(s) with a signed copy of the form**
3. **Failure by the parent(s)/guardian(s) to sign this form will render the student-athlete ineligible until the form is signed.**
4. **Schools shall be prohibited from allowing any student-athlete to participate at any level of play in all LHSAA sports if the form is not signed by the student-athlete's parent(s)/guardian(s).**

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Please Print

Name:_____ School:_____ Grade:_____ Date:_____

Sport(s):_____ Sex: M / F Date of Birth:_____ Age:_____ Cell Phone:_____

Home Address:_____ City:_____ State:____ Zip Code:_____ Home Phone:_____

Parent / Guardian:_____ Employer:_____ Work Phone:_____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____								

Previous Surgeries: _____

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthma / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle:_____
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements/vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosi
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs)_____
☐	☐	Medications _____						

List Dates for: Last Tetanus Shot:_____ Measles Immunization:_____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....**Yes** **No**
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....**Yes** **No**
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....**Yes** **No**
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel. .....**Yes** **No**

_____ _____ _____

Date Signed by Parent **Signature of Parent** **Typed or Printed Name of Parent**

Health Care Provider section on page 2

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Name:_____ Date of Birth:_____ Age:_____ Date:_____
School:_____ Grade:_____Sport(s):_____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure_____	Pulse_____

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐

ORTHOPAEDIC EXAM :

I. Spine / Neck

	Norm	Abnl
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐

II. Upper Extremity

	Norm	Abnl
Shoulder	☐	☐
Elbow	☐	☐
Hand / Fingers	☐	☐
Wrist	☐	☐

III. Lower Extremity

	Norm	Abn
Knee	☐	☐
Hip	☐	☐
Ankle	☐	☐

*Health Care Provider notes (if needed):*_____

[ ] Medically eligible for all sports without restriction

[ ] Medically eligible for certain sports_____

[ ] Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

[ ] Not medically eligible pending further evaluation

[ ] Not medically eligible for any sports

This recommendation is from a limited screening.

_____ _____ _____
Printed Name of MD, DO, APRN or PA **Signature of MD, DO, APRN or PA** **Date of Medical Examination**

Revised 5/23 **This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.**

EMERGENCY CARD

Name: _____ School: _____

Address: _____ Date of Birth _____

Home Phone: _____ Cell Number: _____

Past Medical History: _____ Allergies: _____

Primary Insurance

Name: _____ Card Holder Name: _____

ID#: _____ Dard Holder Date of Birth: _____

Group #: _____ Phone #: _____

Secondary Insurance

Name: _____ Card Holder Name: _____

ID#: _____ Dard Holder Date of Birth: _____

Group #: _____ Phone #: _____

Emergency Contact

Name: _____ Phone #: _____

Address: _____